

Free Tax Preparation Service

Provided
by the



**The Office of the State Auditor is once again offering help with
basic tax returns to military members and their families.
February 11-March 28, 2008**

Families of guard and reserve units can receive free tax preparation and electronic filing through the OSA VITA program. This service is being provided for free as a partnership between the State Auditor's Office and the IRS VITA (Volunteer Income Tax Assistance) program.

Families in the local Pierre area can stop in or call the Office of the State Auditor to arrange an appointment. Families outside of the Pierre area can still participate via mail. The mail-in program can take 1-2 weeks for the return to be completed (including mailing time). All returns will be e-filed by OSA VITA and direct deposited into the taxpayer's account.

Information is kept confidential and returns are prepared by IRS certified volunteers. The volunteers have taken the extra steps to become certified to prepare Military returns in order to handle the special circumstances that arise with the Military members and deployment.

Can You Participate?

You **cannot** participate if in 2007 you had Farm Income (Schedule F); stock or mutual fund sales without the necessary cost basis information or had excessive trades, i.e. day trading, (Schedule D); or if you have a casualty loss (Form 4797)?

You **can** participate if you have a basic return, ordinary interest or dividends, itemize you deductions, dependent care expenses, unemployment benefits, or claim the Earned Income Credit.

What do I have to do to participate?

- Contact the Office of the State Auditor for an OSA VITA Tax Packet or download the information at www.sdauditor.gov
- **Provide photocopies of all tax documents**, photo id, and social security cards. Copies are destroyed as per IRS regulations once the return is finalized with the IRS.
- **Complete the intake sheet** to the best of your ability.
- Provide at least one (more if possible) telephone numbers and preferred time of contact by OSA VITA.
- Participate in all phone calls with OSA VITA (One prior to starting the return and at least one to review the completed return).
- **Sign the Form 8879** upon completion of the return and return it to OSA VITA (this form will be included with the copy of the return). The tax return cannot be e-filed until OSA VITA receives the signed Form 8879.
- Taxpayer will not have to mail anything to IRS. All returns will be e-filed by OSA VITA.

**Contact the Office of the State Auditor
State Social Security-IRS Division
(605) 773-3900 or visit www.sdauditor.gov
for more details or to obtain an OSA VITA Tax Packet.**

***OSA VITA is a partnership between the Office of the State Auditor,
Rich Sattgast, State Auditor, and the IRS Volunteer Income Tax Assistance Program.***

Tax Preparation Process

- A) Taxpayer receives OSA VITA packet.
 - a. Taxpayer completes the intake sheet.
 - b. Taxpayer **signs** the intake sheet.
 - c. Taxpayer photocopies all tax documents, photo id, social security cards for everyone listed on the tax return, and the prior year's tax return.
 - d. Taxpayer provides at least ONE phone number and preferred time of day to contact the taxpayer (at least two phone calls will be made by OSA VITA).
 - e. Taxpayer places all photocopies, **signed** intake sheet and checklist in the provided envelope.
 - f. Taxpayer mails envelope to OSA VITA.
- B) Tax Documents arrive at OSA VITA.
- C) OSA VITA will contact Taxpayer via telephone to verify information on the intake sheet and other tax information.
- D) OSA VITA will prepare the tax return (If OSA VITA has any questions, the taxpayer will be contacted via telephone for clarification).
- E) OSA VITA will mail completed tax return to the taxpayer.
 - Included with the tax return:
 - a) Letter explaining the remaining process and refund time frames.
 - b) Instructions for completing and signing the enclosed Form 8879.
 - c) Form 8879, to be returned to OSA VITA.
 - d) Return envelope addressed to OSA VITA.
- F) Upon receipt, OSA VITA will contact the taxpayer via telephone to review the return with the taxpayer. If necessary, changes will be made at this time and mailed to the taxpayer for review.
- G) Once the tax return is verified, the taxpayer will sign and mail the Form 8879 back to OSA VITA, in the self-address stamped envelope.
- H) Upon receipt of the signed 8879, OSA VITA will transmit the tax return.
- I) OSA VITA will follow IRS guidelines as to rejected returns.
- J) Refunds can be expected in 2-3 weeks for direct deposit, 3-4 weeks for paper checks.
- K) At the end of this process...OSA VITA will shred all tax documents (photocopies) still in our possession.

Even if the taxpayer appears to meet the guidelines, OSA VITA reserves the right to not complete the tax return. If this situation occurs, OSA VITA will contact the taxpayer and provide advice as to where or how the taxpayer can have his tax returns prepared.

Checklist

Items to be completed by the Taxpayer and sent with the photocopies and the intake sheet to OSA VITA:

- ☐ Intake sheet completed by taxpayer.
- ☐ At least one phone number and contact time for the taxpayer.
- ☐ All tax documents are photocopied:
 - ☐ copy of last year's tax return (Federal)
 - ☐ photo id of taxpayer
 - ☐ Social Security cards of
 - ☐ Taxpayer
 - ☐ Spouse (if filing Jointly)
 - ☐ All dependents claimed on the tax return
 - ☐ Any document related to 2007 taxes
 - ☐ W-2(s)
 - ☐ 1099s (Dividends, Interest, Miscellaneous)
 - ☐ SS-5 (Social Security Payments)
 - ☐ 1098 (Mortgage Interest Paid, College Tuition Paid)
 - ☐ W-2G (Gambling Winnings)
 - ☐ Name, address, social security number for day care providers for Child and dependent care credit.
 - ☐ Child care provider's information and expenses for each child to be claimed.
 - ☐ Copy of voided check for direct deposit (also a copy of savings deposit slip if depositing into a savings account).
 - ☐ Estimated tax payments made (if any)

Reminders:

When in doubt, photocopy the document and send it to OSA VITA.

Verify phone number(s) and contact time for taxpayer on **Interview and Intake Sheet**.

Remember, if you can't read it, we can't read it.

Please mail all items to this address:

**Office of the State Auditor
ATTN: OSA VITA
500 E Capitol Avenue
Pierre, SD 57501**

Intake and Interview Sheet**You (and Spouse) will need:**

- *Proof of Identity*
- *Copies of ALL W-2, 1098, 1099 forms*
- *Social Security (SSN) or Individual Tax Identification Number (ITIN) for all Individuals to be listed on the return*
- *Child care provider's identification number*
- *Banking information (checking and/or savings account) for direct deposit/debit*
- *Amounts/dates of estimated or other tax payments made, etc.*
- *Amounts of other income*

Part I: Taxpayer Information

1. Your First Name		M.I.	Last Name		2. SSN or ITIN	
3. Date of Birth (mm/dd/yyyy)	4. US Citizen or Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Totally and Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Spouse's First Name		M.I.	Last Name		8. SSN or ITIN	
9. Date of Birth (mm/dd/yyyy)	10. US Citizen or Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Legally Blind <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Totally and Permanently Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Address			Apt #	City	State	Zip Code
14. Phone Number and e-mail address Phone: () e-mail:				15. Can you or your spouse be claimed as a dependent on the income tax return of any other person for 2007? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. On December 31, 2007:						
a. Were you: <input type="checkbox"/> Single <input type="checkbox"/> Legally Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
b. If married, were you living together (with your husband/wife) on/after June 30, 2007? <input type="checkbox"/> Yes <input type="checkbox"/> No						
c. Was your spouse deceased? If yes, provide the date of death. _____ (mm/dd/yyyy)						
17. Did you pay more than half the cost of keeping up the home for the year? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Part II. Family and Dependent Information – Do not include you or your spouse.

Print the name of everyone who lived in your home and outside your home that you supported during the year.

Name (first, last)	Date of Birth mm/dd/yyyy	Social Security Number or ITIN	Relationship to you (son, daughter, etc.)	Number of months person lived with you in 2007	US Citizen, Resident of US, Canada or Mexico (yes or no)	Is the dependent a full time student born before 1989? (yes or no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1964. Also, if you have any comments regarding the time estimates associated with this study or suggestion on making this process simpler, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Volunteer Preparer Instructions: In order to complete an accurate return you must conduct a thorough interview. This intake sheet does not constitute a complete interview. **Remember to ask the taxpayer for all their documentation.** Based on your interview with the taxpayer be sure to note changes to information on the intake sheet. Confirm information on page 1 with taxpayer.

Use the decision trees in **Publication 4012,**
Volunteer Resource Guide while discussing the questions below with the taxpayer.

Part III. Filing Status & Dependency Determination

Based on the interview, the filing status of the taxpayer is: ☐ Single ☐ MFJ ☐ MFS* ☐ HOH ☐ QW

*Spouse Name _____ Social Security Number _____

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Did you provide more than 50% of the support for the dependents claimed? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Can anyone else claim any of these dependents on their income tax return? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Were any of these dependents permanently and totally disabled in 2007? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Did any of these dependents file a joint return for 2007? |
| | | 5. Based on the interview, how many individuals qualify as dependents for this return? |

COMMONLY USED INCOME AND EXPENSES

Part IV. Income – In 2007, did you (or your spouse) receive:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Wages or Salary (include W-2s for all jobs worked during the year) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Disability income |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Interest/Dividends from: checking or savings account, bonds, CDs, or brokerage account |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. State tax refund (may be taxable if you itemized last year) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Alimony income |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Tip income |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Pension and/or IRA distribution |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Unemployment (1099-G) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Social Security or Railroad Retirement Benefits (1099-SSA or RRB) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 10. Self Employment Income - business, farm, hobby (1099-Misc or any earned income not reported on W-2) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 11. Other Income such as gambling winnings, awards, prizes and Jury Duty pay, etc. |

Part V. Adjustments – In 2007 did you (or your spouse) make:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Contributions to IRA, 401k or other retirement account |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Alimony payments (if yes, you must provide the name and SSN of the recipient) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Education related expenses |

Part VI. Itemized Deductions – Did you (or your spouse) have 2007 expenses for:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Un-reimbursed medical expenses |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Home mortgage payments (interest and taxes – see Form 1098) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Charitable contributions |

Part VII. Credits – In 2007 did you (or your spouse) have:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Child/dependent care expenses that allow you (and your spouse-if MFJ) to work |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Educational expenses for you (or your spouse) and/or your dependents |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Retirement Contribution to a traditional IRA, Roth IRA or 401k as shown on Form W-2 |

Part VIII. Earned Income Tax Credit Determination – EITC Eligibility

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Was EITC previously disallowed? (if yes, taxpayer may not be eligible for EITC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Based on the interview, is the taxpayer qualified for EITC? |